Austintown Girls Softball League (AGSL)
Senior Draft Waiver Form

I (player's name) _____ do not wish to return to the team _____.

I am requesting to use my two time privilege to go back into the Senior Draft. My parent/guardian and I, understand and approve of this decision to be placed into the draft. I also understand that there is no guarantee onto which team I may be placed.

_____

Player Signature Date

_____

Parent Signature Date

Briefly state the reason for requesting to be placed into the Senior Draft:

_____

_____

_____

Board Approval/Date: _____